

HADDON, MORGAN, MUELLER, JORDAN
 MACKEY & FOREMAN, P.C.
 ATTORNEYS-AT-LAW

Harold A. Haddon | Lee D. Foreman | Norman R. Mueller | Saskia A. Jordan | Pamela Robillard Mackey | Ty Gee | Jeffrey S. Pagliuca | David S. Kaplan
 Rachel A. Bellis | Laura Kastetter | Gregory Daniels | Jason C. Middleton

*Sentencing has been
 rescheduled to November 10, 2009
 at 2:30 p.m.*

October 5, 2009

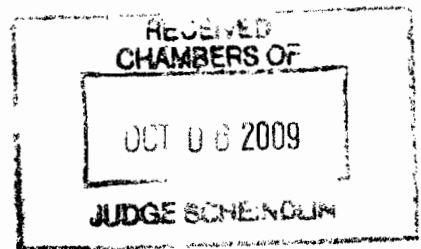
SO ORDERED

VIA EMAIL AND
 HAND DELIVERY

Date: October 7, 2009

Honorable Shira A. Scheindlin
 United States District Court
 Southern District of New York
 500 Pearl Street
 New York, NY 10007

[Signature]
 SHIRA A. SCHEINDLIN, USDC



Re: *United States v. Bourke*, 05 Cr. 518 (SAS)

Dear Judge Scheindlin:

We are writing to update the Court on a significant medical issue involving Mr. Bourke and to request a continuance of the sentencing, which is now set for October 13, 2009.

As noted at Paragraph 106 of the Presentence Report and described in the attached letter of Dr. David S. Ruch, on September 22, 2009 Mr. Bourke suffered a ruptured distal biceps tendon in his left arm. Dr. Ruch advised Mr. Bourke that without prompt surgery, he faced long term loss of function in his dominant left arm, potentially including an inability to perform simple basic functions such as turning a doorknob or looking at a wristwatch. Accordingly, on October 2, 2009, Mr. Bourke underwent surgery by Dr. Ruch to reattach the tendon to the forearm.

Following the surgery, Mr. Bourke's arm will be immobilized, first in a cast and then in a splint, for about six weeks. During this period, his arm will be at a ninety-degree angle with the palm facing slightly up. After the splint is removed, he will then need highly specialized rehabilitative physical therapy for approximately ten to twelve weeks. Mr. Bourke is currently on Oxycodone pain medication.

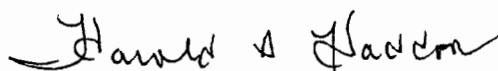
In light of this unforeseen and serious medical condition, Mr. Bourke respectfully requests the opportunity to recuperate at his home and to obtain the necessary treatment from the doctors who have been treating him to date, including Dr. Ruch, the surgeon who performed the October 2 procedure. According to Dr. Ruch, it will take approximately four months to complete the healing and rehabilitation process. Mr. Bourke therefore asks that the sentencing be continued until mid-February 2010.

Honorable Shira A. Scheindlin
October 5, 2009
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I have spoken to Mr. Chernoff, and he has agreed on the government's behalf to an adjournment until the week of November 16, when Mr. Bourke's splint will be removed. Because of the complexity of the rehabilitation process, however, we believe that a four month continuance is warranted.

If the Court would like additional information about Mr. Bourke's condition and prognosis, we will provide it promptly.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold A. Haddon". The signature is fluid and cursive, with the first name "Harold" being more prominent.

Harold A. Haddon

HAH/sh

cc: Harry A. Chernoff, Esq. (via email)



Division of Orthopaedic Surgery

David S. Ruch, M.D.
Professor
Director, Hand, Upper Extremity and
Microvascular Surgery Fellowship Program

October 1, 2009

Honorable Shira A. Scheindlin
United States District Court
Southern District of New York
500 Pearl Street
New York, NY 10007

Re: *United States v. Frederic A Bourke, Jr.*, Case No. 05 CR 518 (SAS)

Dear Judge Scheindlin:

Frederic (Rick) Bourke is my patient. He suffered a ruptured distal biceps tendon in his left arm on September 22, 2009 and consulted me about his condition on September 23. Mr. Bourke advises that he is left-handed. This injury requires relatively urgent surgery because if not performed within two weeks of the injury, scar tissue will fill the interior injured area and surgery is then ineffective. If the surgery is not performed, Mr. Bourke faces a long-term loss of function in his dominant left arm. Dysfunction can include the inability to perform simple basic functions such as turning a doorknob, or looking at a wristwatch.

I have scheduled the surgery for Friday, October 2, 2009. The surgery involves reattachment of the tendon to the forearm followed by six weeks of immobilization in a long-arm splint which will maintain Mr. Bourke's arm at a right (90 degree) angle. I will prescribe painkilling medication for him to use as needed during this immobilization.

Following removal of the immobilization splint, the elbow will require another 10-12 weeks of therapy with a physical therapist to restore motion and strength to his arm. Physical therapy should occur at least twice a week and perhaps more frequently depending on the patient's progress. I anticipate a 4 month period between surgery and full rehabilitation for the procedure. Until the arm is rehabilitated post-surgery, Mr. Bourke will have very limited use of its functions.

Please contact me if any clarification is necessary.

Thank you.

A handwritten signature in black ink that reads 'David S. Ruch MD'.

David S. Ruch MD
Professor, Duke University
Director, Hand, Upper Extremity and
Microvascular Surgery Fellowship Program